

# Southeastern Oklahoma State University

## Request/Approval of Leave Form

CIRCLE ONE

Exempt

Non-Exempt

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Department

### FOR USE OF EMPLOYEE REQUESTING LEAVE

When will/did this absence begin? \_\_\_\_\_ time \_\_\_\_\_ date

When will/did you return to work? \_\_\_\_\_ time \_\_\_\_\_ date

How many hours leave are you requesting? \_\_\_\_\_

Indicate type leave you are requesting and submit required documentation. **Do not request leave that you do not have available to you.**

ANNUAL LEAVE \_\_\_\_\_ HOURS.

PERSONAL LEAVE \_\_\_\_\_ HOURS.

MILITARY LEAVE \_\_\_\_\_ HOURS.

MATERNITY/PARENTAL LEAVE (Show above how leave is to be charged.)

(Furnish physician's release when you return to work.)

JURY DUTY \_\_\_\_\_ HOURS.

SICK LEAVE \_\_\_\_\_ HOURS.

A Physician's statement or release to return to work may be required by your supervisor for any period of sick leave.

SABBATICAL/STAFF DEVELOPMENT LEAVE \_\_\_\_\_ HOURS.

LEAVE WITHOUT PAY/UNPAID MEDICAL LEAVE \_\_\_\_\_ HOURS

REASON \_\_\_\_\_

(Leave without pay cannot be approved when you have paid leave available.)

FMLA LEAVE \_\_\_\_\_ HOURS.

(Contact Employee Payroll & Benefits Services for FMLA requests.)

I certify that I have the above leave available to me. All statements I have made above are correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

### APPROVAL OF LEAVE BY SUPERVISOR

NOTE: If the employee does not have the type of leave requested available at the time of the absence, the request must be changed to show the correct type of leave before the request is approved.

#### EXAMPLES:

- 1 If the employee has requested sick leave and has no sick leave balance, the request must be changed to annual leave or leave without pay before it can be approved.
- 2 If employee has requested personal leave and has no personal leave balance, the request must be changed to annual or leave without pay before it can be approved.
- 3 If employee has requested annual leave and has no annual leave balance the request must be changed to leave without pay before it can be approved.

The employee does have the requested leave available at this time. The request is approved.

\_\_\_\_\_  
Department Supervisor

\_\_\_\_\_  
Date

### FOR USE IN COMPLETING LEAVE REPORTS

Absence to be charged on time report dated \_\_\_\_\_.

Absence to be charged as:

ANNUAL LEAVE \_\_\_\_\_ HOURS.

PERSONAL LEAVE \_\_\_\_\_ HOURS.

MILITARY LEAVE \_\_\_\_\_ HOURS.

MATERNITY/PARENTAL LEAVE \_\_\_\_\_ HOURS.

JURY DUTY \_\_\_\_\_ HOURS.

SICK LEAVE \_\_\_\_\_ HOURS.

SABBATICAL/STAFF DEVELOP. LEAVE \_\_\_\_\_ HOURS.

LEAVE WITHOUT PAY/UNPAID MEDICAL \_\_\_\_\_ HOURS.

FMLA LEAVE \_\_\_\_\_ HOURS.

The above leave has been properly reported on the leave report dated \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Completing Leave Report

\_\_\_\_\_  
Date